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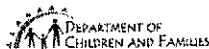
Home Visiting:
Helping Families to be
Fit for the Future

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Division of Prevention & Community Partnerships

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Today's Learning Objectives...

- To understand the purpose & scope of home visiting programs.

- To learn about selected evidence-based home visiting models.

- To learn about the role, value and process of infrastructure development as it relates to implementing HV programs.

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Building HV Services and Systems in NJ
### Partnerships, Planning and Advocacy

Statewide Home Visitation Workgroup
- Child Abuse & Neglect Task Force

State Partners
- Human Services –TANF, Medicaid, Addictions/MH
- Children & Families – Prevention, CPS, CBHS
- Health – Maternal Child Health (Title V)
- Juvenile Justice – Prevention
- Education – Early Childhood / Early Head Start
- Model Developers – HF, NFP and PAT
- Others – Funders, Early Childhood Advocates

Funding
- Title IVB, TANF, State, and Federal Grants

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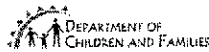
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Purpose: Determining State & Local Priorities

What are your state/community priorities?
- Prevention of child neglect & abuse
- Pregnancy, birth and child health outcomes
- Racial/ethnic inequity and disparities
  - maternal-child health, child welfare, education

Which EBHV models address these priorities?
- Focus on pregnancy, infancy & early childhood
- Entry point for primary/secondary prevention

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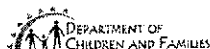
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Other Important Considerations

Needs Assessment – Know your communities
- Socio-demographic profile
- Existing HV programs/services
- MCH and child welfare systems issues
- Identify gaps in needed services and supports
- Transition services for families completing the program

Know EBHV models - Key features
- Eligibility requirements – how will you get referrals?
- Intensity/duration of service
- Training, supervision and implementation requirements
- Workforce issues
- Special populations – teens, cultural needs
- Sustainability

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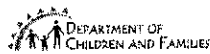
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Need for Services--New Jersey Experience

In NJ, Total Annual Births = 114,000 (2006 MCH data)
- 37% are first-time births   42,000
- 30% are births to single women   34,000
- 24% are births to women on Medicaid   27,000
- 6% are births to teens age 10 to 19*   7,000

Annual CPS Referrals (all ages) = 50,000 (estimate)
- 34% of substantiations are age 5 or younger   16,623
- 18% of substantiations are age 2 or younger   9,000

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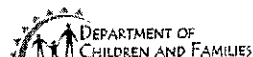
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Current MIECHV Models in NJ
(MIECHV - Maternal, Infant and Early Childhood Home Visiting)

Healthy Families America (HFA)
www.healthyfamiliesamerica.org

Nurse-Family Partnership (NFP)
www.nursefamilypartnership.org

Parents As Teachers (PAT)
www.ParentsAsTeachers.org

Home Instruction for Parents of Preschool Youngters (HIPPY)
www.hippyusa.org

Early Head Start Home-Based Option (EHS-HBO)
www.ehsnrc.org -- http://eclkc.ohs.acf.hhs.gov/hslc

Other-Funded HV Models in New Jersey

*Family Connections (Camden) *** Parent-Child Home (Middlesex)*

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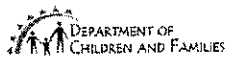
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Evidence-Based Home Visiting (EBHV):
Helping NJ Families Build Assets

Common Model Elements:
- **Research-driven models**
- **Visits begin early – prenatal/birth**
- **Voluntary participation of families**
- **Frequent, long-term home visits**
  (begin weekly, then decrease over time)

Core design includes a focus on:
- **Prenatal & Parent Health**
- **Infant Child Health & Development**
- **Parent Education/Parent-Child Interaction**
- **Parent / Family Social Support**
- **Early Literacy / School Readiness**
- **Path to Parent/Family Self-Sufficiency**

healthy families america.

Nurse-Family Partnership
Helping First-Time Parents Succeed

PARENTS AS TEACHERS

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Home Visitor-Parent Relationship

Client/Family-Centered: Home visitors work to ensure that visit content is perceived as relevant/valued by parent

Relationship-Based: Home visitor-Parent-Family relationship is the foundation for learning & behavior change

Strengths-Based: Change is most successful when built on individual/family knowledge, strengths and successes. Help families Identify and promote *protective factors*.

Multi-Dimensional: Holistic approach with families, considers the multiple aspects of personal and family functioning

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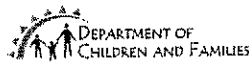
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New Jersey DCF-Funded EBHV Models

	NFP	MF	PAT	HIPPY
Target Population	Low income, 1st time mother-to-be	Any at-risk pregnant woman/mother/family	Any at-risk pregnant woman/mother/family	Families of pre-schoolers
Enrollment Criteria	Early pregnancy; no later than 28 weeks of gestation	During pregnancy or at birth; TANF families may enroll in infancy	During pregnancy, at birth, or anytime to age 3	Age 3 or 4
Duration	Pregnancy up to age 2	Pregnancy and birth to age 3	Enrollment to ages 3 to 5	To age 5 or Kindergarten
Staffing	Registered Nurses	Family Support Workers	Parent Educators	Home Visitors (part-time)
Caseload	25 families (maximum)	15 to 25 families (maximum)	25 families (maximum)	10 to 12 families

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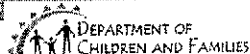
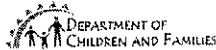**healthy families america.** **Healthy Families NJ**

Mission:
Prevent child abuse & neglect through intensive home visiting.

Program Goals:
- Cultivate nurturing, responsive, parent-child relationships
- Promote healthy childhood growth and development
- Offer parents resources & support
- Build the foundations for strong family functioning

Special Features:
- Targets any at-risk women/families--1st or subsequent pregnancy
- Home visits begin prenatally or at birth, and continue to age 3
- Families receive a standardized risk assessment (Kempe)
- Family Support Workers have caseload limits of 15 to 25 families

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Nurse-Family Partnership Nurse-Family Partnership
Helping First-Time Parents Succeed

Mission: To help first-time mothers have a healthy pregnancy, provide responsible and competent care for their children, and become economically self-sufficient.

Program Goals:
- Improve pregnancy outcomes
- Improve child health and development
- Improve parents' economic self-sufficiency

Special Features:
- Targets low income, first-time mothers/families
- Visits begin early in pregnancy--by the 2nd trimester (28 weeks)
- Home visits are conducted by registered nurses
- Visits continue from pregnancy to age 2

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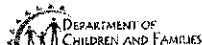
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Parents As Teachers (PAT)

Mission: Provide the information, support & encouragement that parents need to help their children develop optimally during the crucial early years.

Program Goals:
- Increase parent knowledge
- Provide early detection of delays
- Prevent child abuse/neglect
- Increase school readiness

Special Features:
- Targets any at-risk women/families--1st or subsequent pregnancy
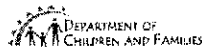- Visits begin prenatally OR anytime in early childhood (to age 3)
- Staff, *Parent Educators*, have a caseload limit of 25 families
- PAT services include both home visits and group activities

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HIPPYUSA *Home Instruction to Preschool Youngsters*

Mission: Empower parents as primary educators of their children in the home, and foster parent involvement to ensure successful early school experiences.

Program Goals:
- Strengthen & support parents in their role as a child's 1st teacher
- Improve children's early learning and school readiness
- Increase parent involvement at home, school and in community

Special Features:
- Open to all parents, but targets parents who need more support to be more involved in their child's education
- Developmentally appropriate curriculum includes role play as the primary method of teaching, and a mix of home visits & groups
- Staff are former HIPPY parents with a caseload of 10-12 families

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NJ EBHV Performance Targets

NJ EBHV PROCESS OBJECTIVES	
Program Enrollment: a. Reach and Maintain Service Capacity	80%
b. Minimize families that are Lost to Care	<10%
Women Enrolled Prenatally in HV Program (perinatal enrollment)	80%
Completion of Expected Home Visits	80%
Participant Retention: a. Families remain enrolled at least 1 Year	60%
b. Families remain enrolled at least 2 Yrs	50%
c. Families remain enrolled at least 3 Yrs	40%
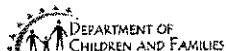
NJ EBHV Performance Targets

PARTICIPANT HEALTH & WELL-BEING / IMPACT OBJECTIVES	
Pregnant / Postpartum Women (HF, NFP & PAT, as applicable)	
a. Eligible pregnant women enrolled in WIC	80%
b. On Schedule for Prenatal Care Medical Visits (ACOG schedule)	80%
c. Keep 6-8 Week Postpartum Medical Visits	80%
Parenting Women (interconceptional—btw pregnancies)	
a. Have a Primary Care Provider (GYN, FQHC, local clinic)	100%
b. Receive an Annual Primary Care/Women's Health Care Visit	80%
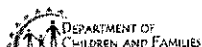
NJ EBHV Performance Targets

Infants and Children (birth to age 3)	
a. Eligible children have health insurance	**80%**
b. Child has a Primary Care Provider (Peds, Family Practice, etc.)	**100%**
c. Child is up-to-date for Well-Child Visits (AAP schedule)	**85%**
d. Child is up-to-date for Developmental Screening (use ASQ)	**90%**
e. Eligible children are enrolled in WIC	**80%**
f. Child is up-to-date for Immunizations	**85%**
g. Child is up-to-date for Lead Screening (by age 1)	**80%**

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NJ EBHV Performance Targets

PARTICIPANT OUTCOME OBJECTIVES (Birth to Age 3)	
Breastfeeding: a. Mother initiates breastfeeding (any) b. Infant is breastfed for at least 4 wks	80% 60%
Pregnancy Spacing / Subsequent Pregnancy: a. At least 18 month interval from birth to conception b. Decrease subsequent Teen Births (<age 19)	 80% <20%
Parent-Child Interaction / Reduce Abuse & Neglect: a. Improve Ratings for Maternal Bonding (HOME scale) b. Improve Ratings for Parenting (HOME)	 80% 80%
Quality of Home Environment for Learning (Early Literacy): a. Infant-Toddler Books in household (HOME) b. Reading/storytelling to infants/children (HOME)	 80% 80%
Family Self-Sustainability: a. TANF families linked to employment at One-Stop Center b. Parent working/in-school by the time the child is age 2	 95% 60%

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New Jersey EBHV Services

DCF supports 40 EBHV sites - capacity to serve 3,325 families

• 23 HF-TIP sites (all 21 counties)	Capacity of 1900 families
• 9 NFP sites (12 counties)	Capacity of 975 families
• 8 PAT sites (3 counties)	Capacity of 250 families
• 1 HIPPY Program (1 county)	Capacity of 100 families

Ensure Collaboration & Coordination with All HV programs

- Federal Early Head Start (EHS) program – (capacity of ~500 families)
- Local community HV programs – Parent Child Home, HIPPY

HV Systems - Prenatal Risk Assessment (PRA) & Central Intake

- 4 existing sites – Camden and Trenton (federal Healthy Start funds)
  Passaic County; and Tri-County (DCF funded)
- 2 new sites – Essex County; Middlesex/Somerset Counties (ACF-MIECHV)

NJ EBHV Statewide Evaluation – Johns Hopkins University

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EBHV Systems-Building in New Jersey

Systems-Building Objectives
- Increase prenatal referrals to reach families earlier
- Help local EBHV programs reach capacity
- Improve coordination between HV models, and links to other services
- Eliminate duplication of services

Key Features:
- Locally planned and implemented – Lead coordinating agency
- State technical assistance / universal prenatal risk assessment (PRA)
- Core partners--prenatal/behavioral/health providers, EBHV, social services, early childhood (interagency agreements)
- Central intake function to simplify/streamline the referral process
- Enables EBHV programs to focus on home visiting
- Feedback & tracking system for incoming and outgoing referrals

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NJ Comprehensive Prevention System

1. Outreach	Local grassroots and community agencies. Pregnancy testing points

2. Screening

a) Prenatal / Birth
Perinatal Risk Assessment
- Prenatal Clinics
- FQHCs
- WIC sites
- Schools - PLP

b) Children 0-5
- Child Health Providers
- FQHCs
- WIC sites
- Childcare Centers
- Schools - PLP

Perinatal Risk Assessment
- Teen pregnancy
- 1st time pregnancy
- Low income
- Domestic violence
- Substance use
- Mental health
- Culture / language

3. Central Intake
Refer family to appropriate partner agency for initial assessment and/or link to needed services.

4. Home Visitation
- Healthy Families Pregnancy to age 3
- Nurse-Family Partnership 1st time pregnancy to age 2
- Parents As Teachers Pregnancy to age 5
- Early Head Start Pregnancy to age 3
- Other HV Programs as available

5. Community-Based Services
Links to essential medical & social services
- Medical Home
- Mental Health & Addiction Treatment
- Domestic Violence
- Family Resource Ctrs
- Fatherhood Support
- WIC / Nutrition
- Early Intervention
- Health Insurance
- Public Assistance
- Housing
- Transportation
- Immigrant Services
- Infant/Childcare Ctrs
- And more...

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NJ Prenatal Risk Assessment (PRA)

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*Home visiting: An important strategy
that helps families build assets.*

The Five Protective Factors

1. *Nurturing parent-child relationships & attachment*
2. *Knowledge of parenting & child development*
3. *Parental resilience*
4. *Social connections*
5. *Concrete supports for parents in times of need.*

THANK YOU!

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